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odependent of CFR 1.16(1)	CLA REMA AFT AMEND	IMS IMING TER DMENT	Minus	HIGHES NUMBE PREVIOU	(Column 3 FR PRESENT SLY EXTRA	×	RATE (\$)	ADE TION FEE	01- AL (\$)	×	SMA	TL ENT	ADDI:
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Total processing proce	CLA REMA AFT AMENO  Le Fee (37 ( TATION OF M	IMS IMING IMING IER MENT  CFR 1.16	Minus (s))	HIGHES NUMBE PREVIOUS PAID FO	(Column 3 T R SLY R EXTRA  =	x x	FATE (\$) = =	ADE TION FEE	OF	X X X	SMA RATE (1) 300 360	TL ENT	ADDI:
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NT CRR (1.16()) Independent IT CRR (1.16()) IT CRR (1.16()) IPPLICATION Siz	CLA REMA AFT AMEND CLAIM	CFR 1.16  AULTIPLE ( III)  11)  15  18  18  18  18  18  18  18  18  18	Minus (s))	HIGHEST	(Column 3)  PRESENT EXTRA  PRESENT EXTRA  (Column 3)  PRESENT EXTRA	X X TO ADI	= = TAL	ADDI- TIONAL	OF OR OR	X X TO AD	SMA RATE (4) 50 300 TAL	ACL ENT	ADDI: FONAL EE (\$)
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17 CPR (.16())  ndopendent 17 CPR (.16(V))  Application Siz	CLA REMA AFT AMEND CLAIM (Column CLAIM REMAIN AFTER AMENDM	CFR 1.16  AULTIPLE (	Minus (s)) DEPENDE	HIGHEST NUMBER PREVIOUS	(Column 3)  PRESENT EXTRA  PRESENT EXTRA  (Column 3)  PRESENT EXTRA	X X TO ADI	RATE (\$)  =  TAL D'L FEE	ADDI- TIONAL	OF OR OR	X X TO AD	RATE (4)  BOD  TAL  O'L FEE	ACL ENT	ADDI: TOMAL EE (\$)

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any continents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.